Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	➤ Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.	mspection
Pa	art I Annual Report I	dentification Information				
For	calendar plan year 2010 or fis	cal plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α -	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
	This return/report is for:	first return/report	final retur	n/report		
_	rnis return/report is for.	an amended return/report		n year return/report (less than 12 mor	nthe)	
•		₩	•		11113)	□ pc/0
C	Check box if filing under:	↑ Form 5558	automatic	extension		DFVC program
		special extension (enter description	on)			
Pa	rt II Basic Plan Infor	mation—enter all requested information	ation			
	Name of plan				1b	Three-digit
RAJN	II PATEL, M.D., P.A. DEFINE	D BENEFIT PLAN				plan number 002
					4.	(PN) • 552
					10	Effective date of plan 01/01/2009
22	Dian anangar's name and ada	Iress (employer, if for single-employer	nlon)		2h	Employer Identification Number
	N PATEL, M.D., P.A.	iress (employer, il for single-employer	pian)		20	(EIN) 59-3221888
	, ,				2c	Plan sponsor's telephone number
	EST 23 STREET, SUITE B-1					850-747-0168
PAINA	AMA CITY, FL 32405				2d	Business code (see instructions)
					01	621330
3a RAJN	Plan administrator's name and II PATEL, M.D., P.A.	d address (if same as Plan sponsor, e 11 WEST 23	nter "Same STREET.	e") SUITE B-1	30	Administrator's EIN 59-3221888
	,	PANAMA CIT	TY, FL 324	05	30	Administrator's telephone number
					00	850-747-0168
4 11	f the name and/or EIN of the p	lan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN
r	name, EIN, and the plan numb	er from the last return/report. Sponso	r's name		4.	
					4c	
oa	• •	at the beginning of the plan year			5a	2
b	Total number of participants	at the end of the plan year			5b	2
С		with account balances as of the end of		•	F	
	•				5c	X v. D v.
	·	during the plan year invested in eligib		· ·		Yes No
b		the annual examination and report of a (See instructions on waiver eligibility a				X Yes ☐ No
		ther 6a or 6b, the plan cannot use Fo		•		
Pa	rt III Financial Inforn	nation				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	260713	3	381417
b				C)	0
С	•	7b from line 7a)	7c	260713	3	381417
8	Income, Expenses, and Tran			(a) Amount		(b) Total
а	Contributions received or rec			, ,		(5) 10.01
-			. 8a(1)	105847	'	
	(2) Participants		8a(2)	C)	
	(3) Others (including rollover	s)	8a(3)	7000)	
b	, ,	,		15635	5	
С	` ,	, 8a(2), 8a(3), and 8b)				128482
d		t rollovers and insurance premiums				
			. 8d	4663	5	
е	Certain deemed and/or corre	ctive distributions (see instructions)	. 8e	C		
f	Administrative service provide	ers (salaries, fees, commissions)	. 8f	2986	5	
g	Other expenses		. 8g	129		
h	·	, 8e, 8f, and 8g)				7778
i		ne 8h from line 8c)				120704
j	` , `	see instructions)		C)	
-	. , , ,		ı 0)	1		

	Form 5500-SF 2010 Page 2-				
Par	t IV Plan Characteristics				
Эа	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics.	cteris	tic Co	des in t	he instructions:
b	1A 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	rtariet	ic Coc	lac in th	ne instructions:
D	the plan provides wellare benefits, effer the applicable wellare readile codes from the cist of half offaract	JUISI	10 000	163 III II	ie iristructions.
art	V Compliance Questions				
0	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in			Χ	
b		10a			_
~		10b		X	
С	Was the plan covered by a fidelity bond?	10c	X		30000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud			Х	
_	·	10d			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See		X		
	instructions.)	10e	^		2986
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			
art	VI Pension Funding Compliance	•	•		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				·
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of	or se	ction 3	02 of E	RISA? Yes No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver				
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			-, -	
b	Enter the minimum required contribution for this plan year			12b	
С	Enter the amount contributed by the employer to the plan for this plan year			12c	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left or negative amount)			12d	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes No N/A
art	VII Plan Terminations and Transfers of Assets				
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to		_

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

13c(1) Name of plan(s):

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	07/20/2011	CAMERON KELLY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SE

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010												
Round off amounts to nearest dollar.													
					*								
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.													
A Name of plan RAJNI PATEL, M.D., P.A. DEFINED BENEFIT PLAN B Three-digit plan number (PN) 002													
								piairriui	ibei (FIV)				
_	C Plan appear's name as shown an line 2s of Form FEON or FEON SE												
	C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RAJNI PATEL, M.D., P.A. D Employer Identification Number (EIN)												
KAJ	59-3221888												
Ет	E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500												
Pa	Part I Basic Information												
1	1 Enter the valuation date: Month 12 Day 31 Year 2010												
2	Ass	sets:			·								
	а	Market value							2a		97477		
	b	Actuarial value							2b		97477		
3	Fur	nding target/participa	nt count break	kdown			(1) N	umber of partic	ipants	(2) Funding	Target		
	а	For retired particip	ants and bene	eficiaries receiving	payment	3a			0		0		
	b	For terminated ves	sted participan	ts		3b			0		0		
	С	For active participa	ants:										
		(1) Non-vested b	enefits			3c(1)					1532		
		(2) Vested benef	its			3c(2)				95616			
		(3) Total active				3c(3)			2	97148			
	d	Total				3d			2		97148		
4	If th	ne plan is at-risk, che	ck the box an	d complete items ((a) and (b)								
	а	Funding target disr	egarding pres	cribed at-risk assu	mptions				4a				
	b	Funding target refle							4b				
5	Г#,	at-risk for fewer the							5		6.09 %		
6	_	ective interest rate							6		95853		
		get normal cost							0				
		nt by Enrolled Actu best of my knowledge, the	•	ed in this schedule and a	ccompanying sch	nedules, statements a	and attachm	ents, if any, is comp	ete and accurat	e. Each prescribed assump	tion was applied in		
		ance with applicable law ar nation, offer my best estima				onable (taking into ac	count the e	xperience of the plan	and reasonable	e expectations) and such of	ther assumptions, in		
Ş	IGN	N											
	ER									07/08/2011			
			Signa	ature of actuary						Date			
JAS	ON C	CAO								11-07282			
			Type or p	rint name of actua	ry				Most rec	ent enrollment numb	er		
PEN	SION	N SERVICES, INC.								305-595-5500			
7700	N L	KENDALL DRIVE, SU		Firm name				Т	elephone nu	ımber (including area	a code)		
		L 33156-7565	511 E 700										
	Address of the firm												
		ary has not fully refle	ected any regu	ılation or ruling pro	mulgated un	der the statute i	n comple	eting this sched	ule, check th	ne box and see			
instru	ction	าร											

Page	2-	1

Pa	rt II	Begir	nning of year	carryove	r and prefund	ing ba	lances						
	•							(a)	Carryover balance		(b) F	Prefundir	ng balance
7		Ū			able adjustments (•				0			0
8	Portion	used to	offset prior year's	funding req	uirement (Item 35	from pric	or year)			0			0
9	Amount	remaini	ng (Item 7 minus i	tem 8)						0			0
10	Interest	on item	9 using prior year	's actual ret	urn of2.01 o	%							
11	Prior ye	ar's exce	ess contributions t	o be added	to prefunding bala								
	a Exce	ess conti	ributions (Item 38	from prior y	ear)								0
	b Inter	rest on (a	a) using prior year	's effective	rate of6.13	%							0
	C Total available at beginning of current plan year to add to prefunding balance												
	d Portion of (c) to be added to prefunding balance												
12					emed elections					0			0
13					- item 10 + item 11					0			0
P	art III	Fun	ding percenta	ages									
14	Funding	target a	attainment percent	age								14	100.33 %
												15	105.51 %
	15 Adjusted funding target attainment percentage												
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage												
	art IV		tributions an				-					1	
				•	ear by employer(s)	and emi	plovees:						
	(a) Date		(b) Amount p		(c) Amount paid		(a) [Date	(b) Amount pa	id by	(0) Amour	nt paid by
_ `	IM-DD-Y		employer		employees		(MM-DE	D-YYYY)	employer(s	s)		emplo	yees
	/30/2010			24000		0							
	//29/2010			500		0							
	/10/2010)		5855		0							
03	3/10/2011			75492		0							
										105847		ı	0
							Totals ▶	()			18(c)		0
19									he beginning of the				
				·	mum required cont				<u> </u>	19a			0
	b Contr	ibutions	made to avoid res	strictions ad	justed to valuation	date			-	19b			0
	C Contr	ibutions a	allocated toward m	inimum requ	ired contribution for	current y	year adjusted	d to valuation	n date	19c			105477
20	Quarter	ly contrib	outions and liquidi	ty shortfalls:								r	
	a Did th	ne plan h	nave a "funding sh	ortfall" for th	ne prior year?							<u>×</u>	Yes No
	b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?												
	C If 20a	ı is "Yes,	" see instructions	and comple	ete the following tal		•						
		(4)		Γ	Liquidity shortfal	l as of e	nd of Quarte		•	1		(4) 4:	
		(1) 15	st 0		(2) 2nd		0	(3)	3rd)		(4) 4th	0
			O .	ı			-		_	1			0

Pa	rt V Assumptio	ns used to determine f	unding target and tar	get n	ormal cost					
21	Discount rate:									
	a Segment rates:	1st segment: 3.14 %	2nd segment: 5.90 %		3rd segment: 6.45 %		N/A, full yield curve used			
	b Applicable month	(enter code)				21b	0			
22	Weighted average ret	tirement age				22	65			
23	Mortality table(s) (see	e instructions) \overline{X} Pre	escribed - combined	Preso	ribed - separate	Substitut	re			
Pa	rt VI Miscellane	ous items								
24	~	nade in the non-prescribed act	•		•		· · - · ·			
25	Has a method change	e been made for the current pla	an year? If "Yes," see instru	ctions r	egarding required attac	hment	Yes No			
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see in	nstructio	ons regarding required	attachment	Yes No			
27	, ,	or (and is using) alternative fur	9 / 11			27				
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribut	ions f	or prior years					
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0			
29	, ,	contributions allocated toward			' '	29	-			
30	Remaining amount of	funpaid minimum required cor	ntributions (item 28 minus iter	m 29)		30	0			
Pa	rt VIII Minimum	required contribution t	for current year							
31	Target normal cost, a	djusted, if applicable (see instr	ructions)			31	95524			
32	Amortization installme	ents:			Outstanding Bala	ince	Installment			
	a Net shortfall amorti	ization installment				0	0			
	b Waiver amortization	on installment				0	0			
33		approved for this plan year, en Day Year				33	0			
34	0 1	ment before reflecting carryove	1 0 1			34	95524			
			Carryover balance		Prefunding balar	nce	Total balance			
35	Balances used to offs	set funding requirement		0		0	0			
36	Additional cash requir	rement (item 34 minus item 35)			36	95524			
37		ed toward minimum required co	•	•		37	105477			
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	9953			
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36	over it	em 37)	39	0			
40	Unpaid minimum requ	uired contribution for all years.				40	0			

Form 5500-SF

t of the Treasury evenue Service Departm Internal

Depairment of Labor Employee Bene is Security Administration

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	ension Bener			iance with	the instructions to the Form 5500	SF.	<u> </u>
Pa	art i	nnual Report Identif	ication Information				70/27/00/20
For	calendar	an year 2010 or fiscal plan	year beginning 0	1/01/2	010 and ending		12/31/2010
Δ.	This setum	report is for.	ile-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
			return/report	final retur	n/report		_
D	ı nış retun		emended return/report		year return/report (less than 12 mon	ths)	
		· H	·			<i>,</i>	DFVC program
C	Check bo	if filing under:	m 55\$8 [_	automatic	extension		Drvc program
		spe	cial extension (enter descriptio	n)			
Pa	rt II	asic Plan Informatio	n-enter all requested informa	ation			
1a	Name of	lan				1b	Three-digit
	Rajni	Patel, M.D., P.A	. Defined Benefit 1	Plan			plan number
						4-	(PN) 002
						10	Effective date of plan 01/01/2009
						25	Employer Identification Number
2a	Plan spo Rajini	sors name and address (er Patel, M.D., P.A	mployer, if for single-employer	pian)			(EIN) 59-3221888
							Plan sponsor's telephone number
	2.7 57-	t 23 Street, Suit	 -				(850) 747-0168
	II wes	t 25 Street, Sur	Le B-1			2d	Business code (see instructions)
	Panama	City		<u> </u>	FL 324 <u>05</u>	<u> </u>	621330
3a	Plan adn	nistrator's name and eddres	ss (if same as Plan sponsor, er	nter "Same	3)	.3b.	Administrator's EIN
	same				ŀ	30	Administrator's telephone number
						JL	Administrator a telephone fluitoer
A 15	f the game	and/or EIN of the plan spor	reor has changed since the las	t return/re	port filed for this plan, enter the	4b	EIN
~+ I:	name. Ell	and the plan number from	the last return/report. Sponsor	r's name	,		
,						4c	PN
5a	Total nu	nber of participants at the be	ginning of the plan year			5a	2
b	Total nu	nber of participants at the er	nd of the plan year			5b	2
					ear (defined benefit plans do not	-	
•	complet	this item)	,			5c	<u> </u>
6a							
b	Were a	of the plan's assets during t	the plan year invested in eligibl	e assets?	(See instructions.)	•••••••	X Yes No
	Are you	claiming a waiver of the and	ual examination and report of	an indeper	(See instructions.) ndent qualified public accountent (IQI	PA)	
	Are you under 2	claiming a waiver of the and CFR 2520.104-46? (See in	ual examination and report of structions on waiver eligibility a	an indeper and conditi	ndent qualified public accountant (IQI ons.)	PA) 	
lueri	Are you under 2	claiming a waiver of the and CFR 2520.104-46? (See in swered "No" to either 6a	ual examination and report of structions on waiver eligibility a or 6b, the plan cannot use Fo	an indeper and conditi	ndent qualified public accountant (IQI	PA) 	
Pa	Are you under 2	claiming a waiver of the and CFR 2520.104-467 (See in swered "No" to either 6a Financial Information	ual examination and report of structions on waiver eligibility a or 6b, the plan cannot use Fo	an indeper and conditi orm 5500-	ndent qualified public accountent (IQ) ons.)SF and must instead use Form \$50	PA) 	X Yes ∏ No
Pa 7	Are you under 2	claiming a waiver of the and CFR 2520.104-46? (See in swered "No" to either 6a	ual examination and report of structions on waiver eligibility a or 6b, the plan cannot use Fo	an indeper and conditi	ndent qualified public accountant (IQ) ons.)	PA) 00_	(b) End of Year
7	Are you under 2 If you a Plan As Total pl	claiming a waiver of the and CFR 2520.104-467 (See in aswered "No" to either 6a Financial Information ets and Liabilities n assets	ual examination and report of structions on waiver eligibility a or 6b, the plan cannot use Fo	an indeper and conditi orm 5500-	ndent qualified public accountent (IQ) ons.)SF and must instead use Form \$50	PA) 00_	X Yes ∏ No
7	Are you under 2 If you a Plan As Total pl	claiming a waiver of the and CFR 2520.104-467 (See in aswered "No" to either 6a Financial Information ets and Liabilities n assets	ual examination and report of structions on waiver eligibility a or 6b, the plan cannot use Fo	an indepe and conditi orm 5500-	(a) Beginning of Year	PA) 	(b) End of Year 381, 417
7 a	Are you under 2 If you a Plan As Total pl	claiming a waiver of the and CFR 2520.104-467 (See in aswered "No" to either 6a Financial Information ets and Liabilities n assets	ual examination and report of structions on waiver eligibility a or 6b, the plan cannot use Fo	an indepe and conditi orm 5500- 7a	ndent qualified public accountant (IQ) ons.)	PA) 	(b) End of Year
7 a b	Are you under 2 If you z If you z Plan As Total pl Total pl Net plan	claiming a waiver of the and CFR 2520.104-467 (See in aswered "No" to either 6a Financial Information ets and Liabilities n assets	ual examination and report of structions on waiver eligibility a or 6b, the plan cannot use Fo	an independ condition 5500-	(a) Beginning of Year	PA) 	(b) End of Year 381, 417
7 a b	Are you under 2 If you a Plan As Total plan Net plan Income Contrib	claiming a waiver of the and CFR 2520.104-46? (See in aswered "No" to either 6a Financial Information ets and Liabilities n assets	wal examination and report of structions on waiver eligibility a per 6b, the plan cannot use For 6b, the for 6b, the plan cannot use For 6b, the plan cannot use For 6b, t	an independ condition 5500- 7a 7b 7c	(a) Beginning of Year 260, 71 (a) Amount	PA) 3 0 3	(b) End of Year 381, 417
7 a b c	Are you under 2 If you a Plan As Total plan Net plan Income Contrib (1) Em	claiming a waiver of the ann CFR 2520.104-467 (See in aswered "No" to either 6a Financial Information ets and Liabilities n assets	val examination and report of structions on waiver eligibility a pr 6b, the plan cannot use For 6b, the plan canno	an independ condition 5500- 7a 7b 7c 8a(1)	(a) Beginning of Year 260, 71	PA) 3 0 3	(b) End of Year 381, 417
7 a b c	Are you under 2 If you a Plan As Total plan Net plan Income Contrib (1) Em	claiming a waiver of the ann CFR 2520.104-467 (See in aswered "No" to either 6a Financial Information ets and Liabilities n assets	wal examination and report of structions on waiver eligibility a per 6b, the plan cannot use For 6b, the for 6b, the plan cannot use For 6b, the plan cannot use For 6b, t	an independ condition 5500- 7a 7b 7c	(a) Beginning of Year 260, 71 (a) Amount	3 0 3 7	(b) End of Year 381, 417
7 a b c	Plan As Total plan Net plan Income Contrib (1) Par (2) Par	claiming a waiver of the and CFR 2520.104-46? (See in aswered "No" to either 6a Financial Information ets and Liabilities nassets subtract line 7b from Expenses, and Transfers for tions received or receivable sloyers	val examination and report of structions on waiver eligibility a pr 6b, the plan cannot use For 6b, the plan canno	an independ condition 5500- 7a 7b 7c 8a(1)	(a) Beginning of Year 260, 71 (a) Amount	PA) 3 0 3 7	(b) End of Year 381, 417
7 a b c	Plan As Total pl Total pl Net plan Income Contrib (1) Em (2) Pa (3) Oth	claiming a waiver of the and CFR 2520.104-46? (See in aswered "No" to either 6a Financial Information ets and Liabilities nassets (subtract line 7b from Expenses, and Transfers for tions received or receivable loyers	val examination and report of structions on waiver eligibility a pr 6b, the plan cannot use For 6b, the plan canno	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 260, 71 (a) Amount	PA) 3 0 3 7	(b) End of Year 381, 417
7 a b c 8 a	Plan As Total pl Net plan Income Contrib (1) Em (2) Pa (3) Oth Other in	claiming a waiver of the and CFR 2520.104-46? (See in aswered "No" to either 6a Financial Information ets and Liabilities nassets	wal examination and report of structions on waiver eligibility a per 6b, the plan cannot use For 6b, the plan cann	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 260, 71 (a) Amount	PA) 3 0 3 7	(b) End of Year 381, 417
7 a b c 8 a	Plan As Total pl Net plan Income Contrib (1) Em (2) Pat (3) Oth Other in	claiming a waiver of the ann CFR 2520.104-467 (See in aswered "No" to either 6a Financial Information ets and Liabilities n assets n liabilities assets (subtract line 7b from Expenses, and Transfers for tions received or receivable lloyers icipants ers (including rollovers)	wal examination and report of structions on waiver eligibility a pr 6b, the plan cannot use For 6b, the plan canno	7a 7b 7c 8a(1) 8a(2) 8b	(a) Beginning of Year 260, 71 (a) Amount 7, 00 15, 63	3 0 3 7 0 0 5	(b) End of Year 381, 417 (b) Total
7 a b c 8 a	Are you under 2 If you a Plan As Total plan Net plan Income Contrib (1) Err (2) Par (3) Other in Total in Benefit	claiming a waiver of the ann CFR 2520.104-467 (See in aswered "No" to either 6a Financial Information ets and Liabilities nassets	wal examination and report of structions on waiver eligibility a pr 6b, the plan cannot use For 6b, the plan canno	7a 7b 7c 8a(1) 8a(2) 8b	(a) Beginning of Year 260, 71 (a) Amount 7,00 15,63	3 0 3 7 0 0 5	(b) End of Year 381, 417 (b) Total
7 a b c 8 a	Plan As Total pl Net plan Income Contrib (1) Em (2) Pat (3) Oth Other in Total in Benefit to provi	claiming a waiver of the ann CFR 2520.104-467 (See in aswered "No" to either 6a Financial Information ets and Liabilities n assets assets (subtract line 7b from Expenses, and Transfers for tions received or receivable lloyers cipants crs (including rollovers) come (loss) paid (including direct rollove benefits)	wal examination and report of structions on waiver eligibility a per 6b, the plan cannot use For 6b, the plan cann	7a 7b 7c 8a(1) 8a(2) 8b 8c	(a) Beginning of Year 260, 71 (a) Amount 7, 00 15, 63	3 0 3 7 0 0 5	(b) End of Year 381, 417 (b) Total
7 a b c 8 a b c	Plan As Total plan Income Contrib (1) Em (2) Par (3) Oth Other in Total in Benefit to provi	claiming a waiver of the and CFR 2520.104-46? (See in aswered "No" to either 6a Financial Information ets and Liabilities n assets	wal examination and report of structions on waiver eligibility a per 6b, the plan cannot use For 6b, the plan cann	an independ condition 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Beginning of Year 260, 71 (a) Amount 7, 00 15, 63	PA) 3 0 7 0 3 7 0 3 0 0 3	(b) End of Year 381, 417 (b) Total
7 a b c 8 a b c f	Plan As Total plan Net plan Income Contrib (1) Em (2) Pau (3) Oth Other in Total in Benefit to provi Certain Adminis	claiming a waiver of the ann CFR 2520.104-467 (See in aswered "No" to either 6a Financial Information ets and Liabilities n assets n liabilities assets (subtract line 7b from Expenses, and Transfers for tions received or receivable loyers icipants ers (including rollovers) come (add lines \$a(1), \$a(2), paid (including direct rollove benefits). deemed and/or corrective districtive service providers (salitation)	wal examination and report of structions on waiver eligibility at or 6b, the plan cannot use For 6b, the plan cann	an independ condition 5500- 7a 7b 7c 8a(1) 8a(2) 8b 8c 8d Be 8f	(a) Beginning of Year 260,71 (a) Amount 105,84 7,00 15,63	PA) 3 0 3 7 0 5 3	(b) End of Year 381, 417 (b) Total
7 a b c 8 a b c	Plan As Total pl Net plan Income Contrib (1) Em (2) Pau (3) Oth Other in Total in Benefit to provi Certain Adminit Other e	claiming a waiver of the announce CFR 2520.104-467 (See in aswered "No" to either 6a Financial Information ets and Liabilities nassets	wal examination and report of structions on waiver eligibility at or 6b, the plan cannot use For 6b, the plan cann	an independ condition 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year 260, 71 (a) Amount 7,00 15,63	PA) 3 0 3 7 0 5 3	(b) End of Year 381, 417 (b) Total
7 a b c 8 a b c f	Plan As Total pl Total pl Net plan Income Contrib (1) Em (2) Pa (3) Oth Other in Total in Benefit to provi Certain Adminit Other e Total e	claiming a waiver of the annoted CFR 2520.104-467 (See in aswered "No" to either 6a Financial Information ets and Liabilities In assets In assets In assets In liabilities In assets In as	wal examination and report of structions on waiver eligibility at or 6b, the plan cannot use For 6b, the plan cann	an independ condition 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d Be 8f 8g 8h	(a) Beginning of Year 260, 71 (a) Amount 7,00 15,63	PA) 3 0 3 7 0 5 3	(b) End of Year 381, 417 (b) Total
7 a b c 8 a b c f	Plan As Total pl Total pl Net plan Income Contrib (1) Em (2) Pa (3) Oth Other in Total in Benefit to provi Certain Adminit Other e Total e Net ino	claiming a waiver of the announce CFR 2520.104-467 (See in awered "No" to either 6a Financial Information ets and Liabilities In assets In In as	wal examination and report of structions on waiver eligibility at or 6b, the plan cannot use For 6b, the plan cann	an independ condition 5500- 7a 7b 7c 8a(1) 8a(2) 8b 8c 8d Be 8f 8g 8h 8i	(a) Beginning of Year 260,71 (a) Amount 7,00 15,63 4,66	PA) 3 0 3 7 0 3 7 0 6 9	(b) End of Year 381, 417 (b) Total 128, 482
7 a b c 8 a b c d e f g h i j	Are you under 2 If you a Plan As Total plan Net plan Income Contrib (1) Em (2) Pa (3) Oth Other in Total in Benefit to province Certain Administration other extended Total extended Transfer	claiming a waiver of the annoter CFR 2520.104-46? (See in aswered "No" to either 6a Financial Information ets and Liabilities n assets n liabilities assets (subtract line 7b from Expenses, and Transfers for tions received or receivable lloyers cipants ars (including rollovers) come (add lines 8a(1), 8a(2), paid (including direct rollove a benefits) deemed and/or corrective distributes service providers (salid penses) penses (add lines 8d, 8e, 8f, me (loss) (subtract line 8h first to (from) the plan (see instination)	wal examination and report of structions on waiver eligibility at or 6b, the plan cannot use For 6b, the plan cann	an independ condition 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	(a) Beginning of Year 260, 71 (a) Amount 7,00 15,63	PA) 3 0 3 7 0 5 3	(b) End of Year 381, 417 (b) Total 128, 482

	For	n 5500-SF 2010	Page 2-										
o arua													
Par	EIV.	lan Characteristics provides pension benefits, enter	the applicable pension featu	re codes from the L	ist of Plan Character	istic Co	des in t	he instruction	s:				
b	If the plai	1A 3D provides welfare benefits, enter 4B	the applicable welfare featu	re codes from the Li	ist of Plan Characteri	stic Cod	ies in tr	e instructions	·				
(S)													
""Ultrus"		mpliance Questions	<u> </u>			Yes	No	Am	ount				
10_		e plan year: e a failure to transmit to the plan	any perticipant contributions	within the time peri	od described in								
а	20.000	acan a anaa (See instructions a	hd DOL's voluntary riducian	y Confection Frogres	11)	<u> </u>	X						
ь		a and penevernet transactions to	with any narty-in-interest? (De	o not include transa	Ctions reported	. !	$ \mathbf{x} $						
	on line 1	oa.)		*********		+			30,000				
C	Was th	plan covered by a fidelity bond?		***************************************		X	-		30,000				
d	Did the	ian have a loss, whether or not r	eimbursed by the plan's fidel	lity bond, that was c	aused by fraud		x						
	or dishd	est/7				-							
е		y fees or commissions paid to an e service or other organization to	ist brouder some of all of the	S Deliente ander me	B. M. I. I. (A A A	,,			2,986				
	instructi	ns.)	***************************************			X	-		2,7500				
f	Has the	plan failed to provide any benefit	when due under the plan?		10	<u> </u>	X						
a	Did the	lan have any participant loans?	(If "Yes," enter amount as of	year end.)	101	<u>, </u>	X						
h	Matrice in	as individual account alan Was I	here a blackout period? (See	instructions and 29	CFR	_	_x						
	2520 18	1-31				' 	 ^ -						
i	excepti	as answered "Yes," check the bo ns to providing the notice applied	under 29 CFR 2520.101-3.		10	· .							
Par	EVAN D	ncion Eunding Complian											
11		Jaca and harafit plan subject to m	inimum funding requirements	s? (If "Yes," see inst	ructions and complet	e Scusi	inie 20	(Form	X Yes No				
	5500//			<u></u>			· · · · · · · · · · · · · · · · · · ·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes X No				
12	Is this	defined contribution plan subjec	t to the minimum funding req	uirements of section	1 4 12 0) the code of)¢¢(ioii	JUE OI		J U				
_		complete 12a or 12b, 12c, 12d,	l es		ı year, see instructior	s, and	enter th	e date of the	letter ruling				
		ého weniuor	and 12s below, as applicable.) and for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling Month Day Year										
3 1	tvou com	pleted line 12a, complete lines	s 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
ŧ	Enter ti	e minimum required contribution	for this plan year			·····- -							
c	Enter t	e amount contributed by the emp	loyer to the plan for this plan	year			12c						
	أحساناها	Lake amount to line 12c from the	amount in line 12b. Enter the	e result (enter a mini	us sign to the left of a		12d						
	negativ	amount)	Can 42d be mat by the	funding deadline?				Yes	No N/A				
		minimum tunding amount report	ed on line 12d be mer by me	Iditioning deadwine									
Pár		lan Terminations and Tr							Yes X No				
132	a Hasai	esolution to terminate the plan be	en adopted during the plan y	rear or any prior yea	IF /	• • • • • • • • • • • • • • • • • • • •	13a		<u> </u>				
	If "Yes	enter the amount of any plan as	sets that reverted to the emp	loyer this year	r olan, or brought line	er the d							
Ł	a field of	I the plan assets distributed to pa					•••••		Yes 🛭 No				
c	: If durin	this plan year, any assets of lia	bilities were transfeπed from	this plan to another	plan(s), identify the	lan(s) i	oi						
		ssets or liabilities were transferre	ed, (See Instructions.)			1	3c(2) E	iN(s)	13c(3) PN(s)				
	13c(1) N	ame of plan(s):											
-													
								lichod .	<u> </u>				
Ca	ution: A	enalty for the late or incomple	te filing of this return/repor	t will be assessed	unless reasonable	report	iocludii	na if annlicah	le a Schedule				
SB	or Sched	es of perjury and other penalties ite MB completed and signed by a, correct, and complete.	set forth in the instructions, I an enrolled actuary, as well:	as the electronic ver	sion of this return/rep	ort, an	d to the	best of my kr	nowledge and				
	www.i.			7/18/11	Rajni Patel,	M.D		_					
	GN	REGIO		Date	Enter name of indi			as pl <u>an a</u> dmin	ist <i>r</i> ator				
	RE S	mature of plan administrator		7/18/11	Rajni Patel,								
President 1	GN				Enter name of indi			as employer o	r plan sponsor				
	RE S	gnature of employer/plan spon		Date	Butto viento de mai		33						
	1												

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2010

OMB No. 1210-0110

This Form is Open to Public Inspection

v.092308.1

,	▶ File as a	an attachme	nt to Form	5500 or	5500-SF.						
For calendar plan year 2010 or fiscal p	olan year beginning	01/0	1/2010		and endi	ng	12/3	31/2010			
▶ Round off amounts to nearest de	ollar.										
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.											
A Name of plan B Three-digit											
					pian numb		•	002			
								:			
Rajni Patel, M.D., P.A											
C Plan sponsor's name as shown on I	ine 2a of Form 5500 or 550	00-SF			D Employer lo	dentificatio	n Number (EIN)			
Rajni Patel, M.D., P.A	•				59-3221	388					
E Type of plan: X Single Multip	le-A Multiple-B	FF	rior year pla	n size: 🛚 🗵	100 or fewer	101-500	O ∏ More t	han 500			
Part I Basic Information			•		<u> </u>						
	Month 12 D)av 31		2010							
1 Enter the valuation date:	Month 12 D)ay 31	Year_	2010	-	i					
2 Assets:								· ·			
a Market value						. 2a		97,477			
b Actuarial value	·····			*************		. 2b		97,477			
3 Funding target/participant count l	oreakdown			(1) N	umber of particip	ants	(2)	Funding Target			
a For retired participants and	beneficiaries receiving payr	ment				0		0			
b For terminated vested partic	ipants		3b			0		. 0			
C For active participants:											
(1) Non-vested benefits			3c(1)					1,532			
(2) Vested benefits			3c(2)					95,616			
	***************************************					2		97,148			
d Total						2		97,148			
4 If the plan is at-risk, check the bo	x and complete items (a) ar	nd (b)			П						
					_	4a		·····			
	•					4a					
b Funding target reflecting at- at-risk for fewer than five co						4b					
5 Effective interest rate						5		6.09 %			
6 Target normal cost						6		95,853			
Statement by Enrolled Actuary				*************	••••••	·1 • I		30,000			
To the best of my knowledge, the information s											
accordance with applicable law and regulations combination, offer my best estimate of anticipa		otion is reasonabl	le (taking into a	count the e	experience of the plan a	ind reasonab	le expectations)	and such other assumptions, in			
PICNI											
SIGN TO SA	n (20						07/08/2	011			
TILIKE OUT	,,,							011			
	Signature of actuary						Date	• •			
Jason Cao	<u></u>				_		11-072				
•••	or print name of actuary							ent number			
Pension Services, Inc.					_	(3	05) 595-	-5500			
7700 N. Kendall Drive,	Firm name Suite 405				Te	ephone n	umber (inclu	iding area code)			
Miami		FL 331	56-7565								
	Address of the firm				_						
If the actuary has not fully reflected any instructions	regulation or ruling promulç	gated under	the statute	n comple	eting this schedul	e, check ti	ne box and	see			
For Paperwork Reduction Act Notice	and OMB Control Numbe	ers, see the	instruction	s for For	m 5500 or 5500	SF.	Schedu	ile SB (Form 5500) 2010			

Pa	ırt li	Begir	ning of year	carrvove	er and prefunding ba	land	ces							
		Bog.	ming or your	Ju., 7 0 7 0	. una protunting ou			(a) (Carryover balanc	e		(b) i	refund	ing balance
7		-			cable adjustments (Item 13						0			0
8	Portion (used to	offset prior year's	funding rec	quirement (Item 35 from pric	or yea	ar)				0			0
9	Amount	remaini	ng (Item 7 minus i	tem 8)							0			0
_10	Interest	on item	9 using prior year	's actual re	turn of2.01%									
11	Prior yea	ar's exce	ess contributions t	o be added	I to prefunding balance:									
					year)						L			0
	b Intere	est on (a	a) using prior year	s effective	rate of6.13_%									0
	C Total	availabl	e at beginning of c	urrent plan y	year to add to prefunding bal	ance					L			0
	d Porti	on of (c	to be added to p	refunding b	alance									0
12 Reduction in balances due to elections or deemed elections											0			
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)											0			
P	art III	Fun	ding percenta	ages										
14	Funding	target a	ittainment percent	age						.,,,,,,,,			14	100.33 %
15	Adjusted	i funding	g target attainmen	t percentag	je								15	105.51 %
16	Adjusted totally talget attended to													
17					s less than 70 percent of th								17	%
Pa	art IV	Con	tributions an	d liquidi	ty shortfalls							,		
18	Contribu	itions m	ade to the plan for	the plan y	ear by employer(s) and em	ploye	ees:							
(N	(a) Date IM-DD-Y)		(b) Amount p employer		(c) Amount paid by employees	(1	(a) Dat MM-DD-Y		(b) Amount employe		ру	(int paid by loyees
03	3/30/2	010		24,000	0		***							
10)/29/2	010		500	0									
11	/10/2	010		5,855	0									
03	3/10/2	011		75,492	0									
								-,					,	
			<u> </u>	·	and the second s	To	tals ►	18(b)		105,	847	,18(c)		0
19	Discount	ted emp	loyer contributions	s - see ins	tructions for small plan with	a va	luation da	te after t	he beginning of t	he ye	ar:			
	a Contri	ibutions	allocated toward	unpaid min	mum required contribution	from	prior year	's		19	9а 📗			0
	b Contri	ibutions	made to avoid res	strictions a	djusted to valuation date					19	9b │			C
	c Contri	butions a	allocated toward m	inimum reqi	uired contribution for current	ear a	adjusted to	valuatio	n date	19	9c			105,477
20	Quarterl	y contrit	outions and liquidi	ly shortfalls	:									
	a Did th	e plan h	nave a "funding sh	ortfall" for t	the prior year?	•••••						••••••	[X Yes No
	b If 20a	is "Yes	" were required q	uarterly ins	tallments for the current yea	ar ma	ade in a tir	mely mar	ner?				[Yes X No
	C If 20a	is "Yes	" see instructions	and compl	ete the following table as a	plica	able:							
					Liquidity shortfall as of e	nd of	f Quarter				•			
		(1) 1			(2) 2nd	+		(3)	3rd	_ -			(4) 4t	
			0			이				이				0

Pa	rt V Assumptio	ns used to determine t	unding target and targe	et normal cost		
21	Discount rate:	r				
	a Segment rates:	1st segment: 3.14 %	2nd segment: 5.90 %	3rd segmen 6.45	t: %	N/A, full yield curve used
	b Applicable month	(enter code)			21b	0
22	Weighted average ret	tirement age			22	65
23	Mortality table(s) (see	e instructions) X Pre	escribed - combined	Prescribed - separate	Substitu	te
Pa	rt VI Miscellane	ous items				
	Has a change been m	nade in the non-prescribed act	uarial assumptions for the curr	· · ·		
25	Has a method change	e been made for the current pl	an year? If "Yes," see instructi	ons regarding required atta	chment	Yes X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see insi	ructions regarding required	d attachment	Yes X No
27			nding rules, enter applicable co		27	
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contributio	ns for prior years		
28	Unpaid minimum requ	ired contribution for all prior y	ears		28	C
29			unpaid minimum required con		29	C
30	Remaining amount of	unpaid minimum required cor	ntributions (item 28 minus item	29)	30	C
Pa	rt VIII Minimum	required contribution	for current vear			,
31	Target normal cost, a	djusted, if applicable (see inst	ructions)		31	95,524
32	Amortization installme	ents:		Outstanding Ba	lance	Installment
	a Net shortfall amorti	ization installment	***************************************		0	C
	b Waiver amortizatio	on installment			0	C
33			ter the date of the ruling letter (33	C
34			er/prefunding balances (item 31		34	95,524
			Carryover balance	Prefunding bal	ance	Total balance
35	Balances used to offs	et funding requirement		0	0	C
36	Additional cash requir	rement (item 34 minus item 35)		36	95,524
37			ontribution for current year adju		37	105,477
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)		38	9,953
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36 o	ver item 37)	39	·
40	Unpaid minimum requ	uired contribution for all vears			40	0

Attachment to 2010 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan NameRajniPatel,M.D.,P.A.Defined BenefitPlanFlanPlan59-3221888Plan Sponsor's NameRajniPatel,M.D.,P.A.PN:002

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Applied	Interest Rate	Contribution:
03/30/2010	24,000	2010	6.09	25,097
10/29/2010	500		6.09	505
11/20/2010	5,855	2010	6.09	5,904
03/10/2011	75,492	2010	6.09	73,971
				1
	·		<u> </u>	
				
				<u> </u>
				<u> </u>
				
			-	
			<u> </u>	****
				· · · · · · · · · · · · · · · · · · ·

Attachment to 2010 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Rajni Patel, M.D., P.A. Defined Benefit Plan	EIN:	59-3221888				
Plan Sponsor's Name Rajni Patel, M.D., P.A. PN: 002						
The weighted average retirement age is equal to the normal retirement age of65						
List the rate of retirement at each age and describe the methodology used to compute the	he weigi	hted average				

retirement age, including a description of the weight applied at each potential retirement age.

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Options:

Male Nonannuitant:

2010 Nonannuitant Male

Use optional combined mortality table for small plans: No

Female Nonannuitant:

2010 Nonannuitant Female

Yes

No

Male Annuitant:

2010 Annuitant Male

Actuarial Equivalent Floor

Female Annuitant:

2010 Annuitant Female

Stability period:

Lump sums use proposed regulations:

Use discount rate transition:

Applicable months from valuation month:

Lookback months:

<u>1st</u>

3.21

plan year

Probability of lump sum:

0.00%

1

Use pre-retirement mortality:

Yes

Nonannuitant:

None

Annuitant:

2010 Applicable

<u>1st</u> <u>2nd</u> <u>3rd</u> Segment rates: 3.14 5.90 6.45 N/A

High Quality Bond rates:

N/A N/A 3.14 5.90

0.00

Current:

5.19

<u> 2nd</u>

5.67

<u>3rd</u>

Final rates: Override:

0.00

6.45

0.00

0.00 Override:

0.00

0.00

Salary Scale

Male: 0.00% Female: 0.00%

Withdrawal

Male: None Female: None

Withdrawal-Select

Male: None Female: None **Early Retirement Rates**

Male: Female:

None None

Subsidized Early Retirement Rates

Male: Female: None None Late Retirement Rates

Male:

None None

Female:

Marriage Probability

Male:

0.00%

Female:

0.00%

Expense loading:

0.00%

Disability Rates

Male:

None

Female:

None

Mortality

Setback

0

Setback

0

Male:

None

0

Female:

None

Name of Plan:

Rajni Patel, M.D., P.A. Defined B

Plan Sponsor's EIN:

59-3221888

Plan Number:

002

Eligibility Requirements	nents	Service/Participa	Service/Participation Requirements		
Age (yrs): Age (months): Wait (months): Two year eligibility:	21 0 12 No	Definition of years: Continuing hours: Excluded classes:	s: Hours worked s: 1,000	·	
<u>Earnings</u>					
Total compensation excluding:	excluding:	403(b) Cafeteria Other Prior to participation 415 prior to participation	on pation		
Retirement	Normal	Early	Subsidized Early	Disability	Death
Age: Service: Participation: Defined:	65 0 5 Date of event				21 0 0 Date of even
Benefit Reduction / Mortality table & setback	Mortality table	& setback			
Male: Female:		Actuarial Equivalence Actuarial Equivalence	Actuarial Equivalence Actuarial Equivalence	None None	0
Rates - Male: Rates - Female:		None None	None None	None None	

Rajni Patel, M.D., P.A. Defined Benefit Plan 59-3221888 002

Name of Plan: Plan Sponsor's EIN: Plan Number:

REACT Benefits Percentage: Pre-retirement death benefit Use Social Security Retirement Age: No

Vesting Schedule:

Hours Worked

Vesting Definition:

100.00% Percentage of accrued benefit:

50.00%

Death Benefit Payment method: Face + PVAB - Curr, CV

Years 0.00% Percent Joint and contingent Life only Annuity Normal: QJSA:

Significant Changes in Plan Provisions Since Last Valuation

Rajni Patel, M.D., P.A. Defined Benefit Plan 59-3221888 002

Plan Sponsor's EIN: Plan Number:

Name of Plan:

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Unit benefit non-integrated Benefit formula Pension Formula: Type of Formula:

01/01/2009

Effective Date:

Accrual Percent Unit based on: Unit type:

0.00% None 10.00% Maximum total percent: Tiers based on:

None Second tier: Third tier: First tier:

None None

for 1st

for remaining yrs for next None

882 Future years: Maximum credit: Past years:

Averaging

Total years:

Annualize short compensation years: Apply exclusion to accrued benefit: Annualize short plan years: Current Compensation Final Average Projection method: Based on:

Accrual Include compensations based on years of:

66 0

In the last: Excluding:

Highest:

Accrual

Hours worked Definition of years: Frozen:

Limit current credit Precision: Terminated 1000 Retired Disabled 1000 <u>Died</u> 1000 Continuing 1000 Accrual credit:

N/A

Fractions based on: N/A

Rajni Patel, M.D., P.A. Defined Benefit Plan 59-3221888 002 Name of Plan:

Plan Sponsor's EIN:

Plan Number:

Years based on:ParticipationCap/floor years:Maximum past accrual years:0.0000Cap or floor:Method:Unit accrualAccrual % per year:Apply 415 before accrual:

Floor 0.00% No

Page 4

Rajni Patel, M.D., P.A. Defined Benefit Plan 59-3221888 002

Name of Plan: Plan Sponsor's EIN: Plan Number:

Attachment to 2010 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan NameRajni Patel, M.D., P.A. Defined Benefit PlanEIN:59-3221888Plan Sponsor's NameRajni Patel, M.D., P.A.PN:002

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Applied	Interest Rate	Contribution:
03/30/2010	24,000	2010	6.09	25,097
10/29/2010	500	2010	6.09	505
11/20/2010	5,855	2010	6.09	5,904
03/10/2011	75,492	2010	6.09	73,971
03/10/2011	, 3 , 1 , 2	2010	0.05	,3,5,1
				ı

Attachment to 2010 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Rajni Pate	el, M.D., P.A. Defined Benefit Plan	EIN:	59-3221888
Plan Sponsor's Name	Rajni Patel, M.D., P.A.	PN:	002
The weighted average ret	irement age is equal to the normal retirement age of65	<u>-</u> ·	
	at each age and describe the methodology used to compute a description of the weight applied at each potential retirement	•	hted average